## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 619321

MARDAN INVESTMENTS, INC.

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90056 004 \*\*\*150.00



				<u></u> }	.015 01011 01914 01011		
Principal Place	e of Business	Mailing Address					
3426 GERMANTOWN ROAD SELBAY REACH FLORAGE							
DELRAY BEACI US	FL 33445 DELRAY BEACH FL 33445 US			DO NOT WRITE IN T	HIS SPACE		
-		<del></del>		3. Date Incorporated or Qualified			
				05/01/1979			
2. Principal P	lace of Business 174	2a. Mailing Address	-tz 1	4. FEI Number	Ap	plied For	
21 /067	7 NW3 19 MIR	26 1067 NWS	MINUL	59-1916018	<del></del>	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	• •	5. Certificate of Status Desired	\$8.75 A		
22		27			Fee Re		
City Stat	le Park	City State	$ \mathcal{A} $	6. Election Campaign Financing	\$5.00	•	
23 JSDC1	a naton 1	28 150C4 M4/01	112	Trust Fund Contribution	- Added t	o Fees	
¬ヹゥクル	Country		ouptry (A-	8. This corporation owes the current year		Ľ <b>I</b> No	
24 55	32 25 US/F	29 3573 30 30	1121	Personal Property Tax.  10. Name and Address of New Registe			
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Hame and Heartes of Hear Heartes	iou rigaria		
MYF	ERS, DANIEL M.						
3426 GERMANTOWN ROAD			82 Street Add	ress (P.O. Box Number is Not Acceptable)	P.O. Box Number is Not Acceptable)		
	RAY BEACH FL 33446		83				
•	21.0		84 City	ı	FL 85 Zip (	Code	
44 5	to the annual and of Spatiana 607 050	2 and 607 1508 Florida Statutes the	above-named corr	paration submits this statement for the number	e of changing its	registered	
office or i	registered agent or both in the State	of Florida, Such channe was authoriz-	ed by the corborati	ion's board of directors. I hereby accept the a	ppointment as re	gistered	
agent. I a	am familiar with, and accept the obliga	tions of, Section 60/10505, Horya St		a Phands t 2	12019	9	
SIGNATURE	Signature, typed or printed name of registerer ager	nt and title if applicable (NOTE: Register	red Agent signature require	ed //hen keinstating) Dafti	<u> </u>	<del>/</del> -	
12.		ID DIRECTORS 13		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 12	
TITLE	PD		TITLE		☐ Change	☐ Addition	
NAME	MYERS, DANIEL M	1.2	NAME				
STREET ADDRESS	AAAA OFOMANITOURI DOAD	1.3	STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446	14	CITY-ST-ZIP				
TITLE	STD		TITLE		☐ Change	Addition	
NAME	MYERS, MARIE S.	: 2.2	NAME	•			
STREET ADDRESS	ALCO OFFILIALIZOUAL DOAD	2.3	STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL 33446	2.4	4 CITY-ST-ZIP				
TITLE	DEG 411 DE 1011 1 E 00 1 10		TITLE	· ·	Change_	Addition:	
NAME		3.2	NAME				
STREET ADDRESS	,]	3.3	STREET ADDRESS				
CITY-ST-ZIP			. CITY-ST-ZIP				
TITLE			TITLE		☐ Change	☐ Addition	
NAME	1	4.	2 NAME	•			
STREET ADDRESS	51		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		_		
TITLE			TITLE		☐ Change	☐ Addition	
NAME			NAME				
STREET ADDRESS		5.3	STREET ADDRESS				
	1		CITY-ST-ZIP				
CITY-ST-ZIP TITLE	<del>                                     </del>		TITLE		Change	Addition	
	1		NAME		_		
NAME OTDEET ADDDESS	.[		STREET ADDRESS				
STREET ADDRESS			CITY-ST-ZIP				
CITY-ST-ZIP			,,				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attagrament with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/75/99 56-488-6402 Opto Opto Opto Phone #